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**HUMAN GENOME SCIENCES  
LEGAL DEPARTMENT**

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**FAX COVER SHEET**

**DATE:** October 30, 2003

**TOTAL NUMBER OF PAGES:** 12

**TO: Examiner J. Andres - Art Unit 1646**  
United States Patent & Trademark Office

**FAX NO.:** (703) 872-9306

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**FROM:** Mark J. Hyman (Reg. No. 46,789)

**RE:** Application of: Ni et al.  
Application No.: 10/067,422  
Filed: February 7, 2002

**Attorney Docket No.:** PT004P1C1  
**Art Unit:** 1646  
**Examiner:** Andres, J.

**The following documents were filed by Human Genome Sciences, Inc.  
via facsimile on October 30, 2003:**

1. Fax Cover Sheet
2. Fee Transmittal Sheet
3. Petition for Extension of Time Under 37 C.F.R. § 1.136(a)
4. Response and Amendment Under 37 C.F.R. § 1.111
5. Certificate of Transmission Under 37 C.F.R. § 1.8

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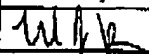
Use in lieu of PTO/SH-1 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

<b>FEE TRANSMITTAL for FY 2004</b>		<b>Complete if Known</b>	
<small>Effective 10/01/2003, Patent fees are subject to annual revision</small>		Application Number	10/067,422
		Filing Date	February 7, 2002
		First Named Inventor	Ni et al.
		Examiner Name	Andres. J.
		Art Unit	1646
		Attorney Docket No.	PT004P1C1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		110.00	

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>55</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of AIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of AIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>850</td><td>2253</td><td>425</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,400</td><td>2254</td><td>700</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>350</td><td>2401</td><td>185</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1432</td><td>110</td><td>2432</td><td>55</td><td>Petition to revive - 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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the above-identified deposit account.																																																																																																																																																																																					
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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	48,789
Signature		Telephone	240-314-1224
		Date	October 30, 2003